



Olympic Connect

A unified network of partners that seamlessly connects people to the support they need to thrive.

KITSAP BOARD OF HEALTH, MAY 6, 2025



A Service of Olympic Community of Health | A Community Care Hub of Washington

Olympic Community of Health

- A non-profit organization, established in 2017, with the purpose of tackling health issues that no single sector or tribe can tackle alone.
- Serves Clallam, Jefferson, and Kitsap counties and 7 Sovereign Nations: Hoh, Jamestown S’Klallam, Lower Elwha Klallam, Makah, Port Gamble S’Klallam, Quileute, Suquamish.
- By bringing together regional partners on local health issues, we are working towards a region of healthy people, thriving communities.



● ● ● What is a Community Care Hub?



- We tackle health issues no single sector or tribe can tackle alone.
- We solve health problems through collaborative action.
- The community care hub for the Olympic region.
- Networked with 9 Accountable Communities of Health across the state.
- A Community Care Hub of Washington.

What is Olympic Connect?

- Olympic Connect is a unified network of partners that seamlessly **connects people to the support they need to thrive.**
- **Trusted helpers** clear the path, removing barriers for people so they can access the care and services they need.



What we do.

- Connect people to care and services through trained and highly skilled trusted helpers
- Strengthen our regional network of partners
- Coordinate between health care and social service providers
- Connect regional resources and track health outcomes for healthier individuals, families and communities



Why it matters.

Our communities can't thrive if people don't have what they need for optimal health and well-being.

- **Siloed efforts.** Our efforts to address social needs are largely siloed.
- **Insecure funding.** Organizations may not have sustainable funding to meet the needs.
- **No systems to track.** There isn't a system to track and address gaps in available resources or to see how our efforts are paying off.



Funding sources

Olympic Community of Health has a braided funding model from 3 different primary funding sources:

Washington State Health Care Authority

**Economic Development Authority
(Federal)**

Washington State Department of Health

\$17 million between
July 2023-June 2028

What it funds:

- Hub infrastructure, including:
 - Technology
 - Engagement
 - Workforce capacity building
 - Hub development
- Case management services

\$9.8 million between
October 2024 -September 2029

What it funds:

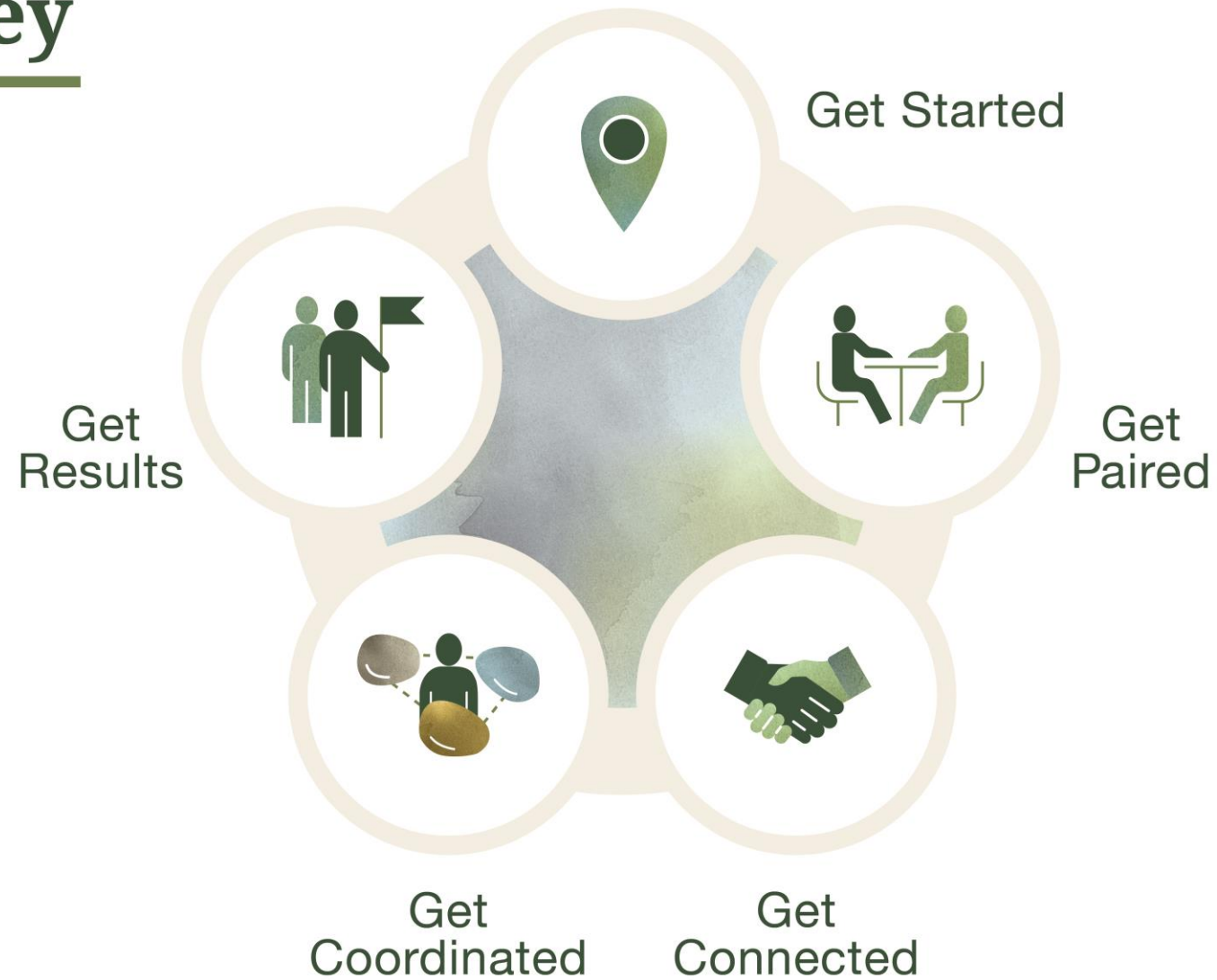
- Case management services
- Expanding resources and services
- Clallam and Jefferson counties only

\$1.1 million between
October 2024-June 2025

What it funds:

- Expansion of resources and services

Client journey



Partner journey





Contracted Care Coordination Partners

- Boys & Girls Club of the Olympic Peninsula
- East Jefferson Fire Rescue CARES
- First Step Family Support Center
- Jefferson Healthcare
- Lutheran Community Services Northwest
- North Olympic Healthcare Network
- Olympic Peninsula YMCA
- OWL360
- Peninsula Community Health Services
- YMCA of Pierce & Kitsap Counties
- Quilcene Fire CARES
- Voices of the Pacific Island Nations



● ● ● Expand & Enhance Access to Social Care

- Discovery Behavioral Health – Day treatment, partial hospitalization for substance use disorder
- Fishline – Mobile food truck
- Jefferson County Farmers Market – Senior farmers market nutrition benefit
- Olympic Peninsula Community Clinic – Medical respite
- Peninsula Behavioral Health – Permanent supportive housing
- Port Angeles Food Bank – Mobile food truck
- South Kitsap Helpline – Medically tailored meals





Measures of success

Olympic Community of Health will evaluate the impact and performance of Olympic Connect through statewide and regional strategic measures.

The Department of Health and Health Care Authority look at 5 categories of strategic measures to assess community-based care coordination:



Community Voice & Engagement



Sustainability & Business Operations



Care Coordination Operations & Reporting



Network Management & Capacity Building



Community-Based Workforce

Some examples include:



of referrals to the hub



% of clients satisfied with the hub



of communities reflected in the hub



% of social and health needs met



of partners contracted with the hub

How to partner

CONNECT

- Identify, screen and connect community members to Olympic Connect

COORDINATE

- Provide care coordination services to address social needs
- Use a hope-centered approach to support community members to meet their goals

LEARN

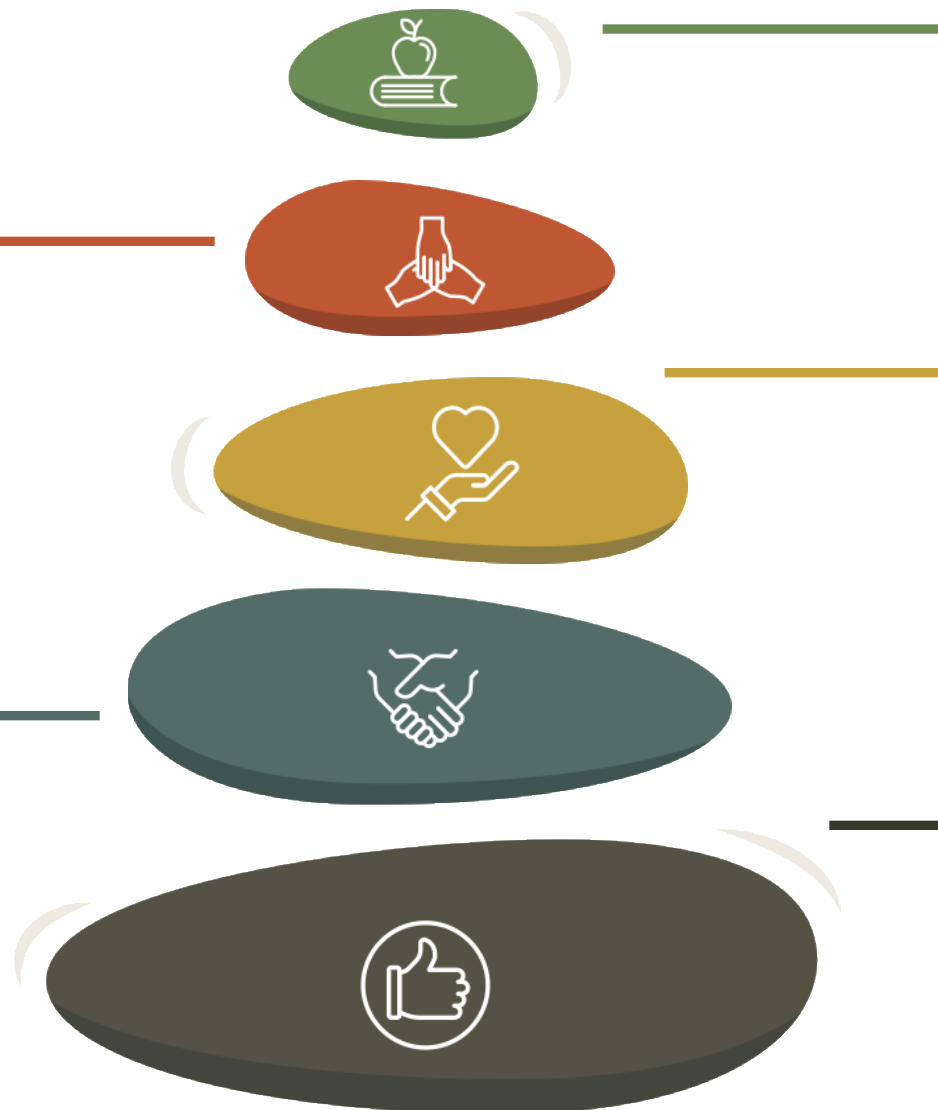
- Sign up for OCH's e-newsletter
- Participate in an OCH convening, learning opportunity, or event

PROVIDE

- Contribute to a regional resource directory
- Provide resources and services to community members
- Expand & enhance access to social care

CHAMPION

- Governance partner
- Advisory group member
- Olympic Connect Ambassador



Refer to Olympic Connect

Online referral form:

[OlympicConnect.org/get-started/](https://olympicconnect.org/get-started/)

Email:

Connect@OlympicCH.org

Local phone:

360-301-8252

Attend an event:

<https://olympicconnect.org/get-started/>



Communicable Disease Surveillance and Response

An Overview



Liz Davis, RN-BSN
Program Manager
Immunizations and General
Communicable Disease

Wendy Inouye, MS, MPA
Epidemiologist
Communicable Disease

Protecting Public Health

Main takeaways:


- Multi step process
- Coordination of multiple variables
- Time and labor intensive
- Largely supported by FPHS funding



Detection

How are we informed of potential cases?

- Community members
- Providers
- Facilities
- Labs
- State reporting systems
- Auxiliary surveillance systems

 **Notifiable Conditions**
HEALTH CARE PROVIDERS/FACILITIES

Notifiable to the local health jurisdiction (LHJ) of the patient's residence unless otherwise designated.
If unable to reach the LHJ of the patient's residence, please call: 1-877-539-4344
(If patient residence is unknown, notify the LHJ of the health care provider that ordered the diagnostic test)

IMMEDIATELY NOTIFIABLE
Requires a phone call to reach a live person at the local health jurisdiction, 24/7. *Must be reported as soon as clinically suspected.*

Amebic meningitis
Anthrax (*Bacillus anthracis* and confirmed *Bacillus cereus* biovar *anthracis* only - Do not report all *Bacillus cereus*)
Botulism, foodborne, infant, and wound
Cholera (*Vibrio cholerae* O1 or O139)
Coronavirus infection (severe communicable)
SARS-associated coronavirus
MERS-associated coronavirus
Novel coronavirus (COVID-19)
Diphtheria
Domoic acid poisoning
E. coli (See "Shiga toxin-producing E. coli")
Glanders (*Burkholderia mallei*)
Hemophilus influenzae (invasive disease, children under 5 years of age)

Paralytic shellfish poisoning
Pesticide poisoning
Plague
Polio
Rabies (suspected laboratory confirmed)
Rabies, suspected exposure
Rubella, acute syndrome
Shiga toxin-producing *E. coli*

Outbreaks and suspected outbreaks
Lyme disease
Lymphogranuloma venereum
Malaria
Pesticide poisoning (all other)
Relapsing fever (borreliosis)
Rickettsia infection
Serious adverse reactions to immunizations
Syphilis
Tetanus
Tollu paralysis
Trichinosis
Typhus
Typhoid
Varicella associated death

NOTIFIABLE WITHIN 24 HOURS
Requires a phone call if reporting after normal public health business hours.

Baylisascariasis
Brucellosis
Candida auris infection or colonization
Hantaviral infection
Hepatitis A (acute infection)
Hepatitis B (acute infection)*
Hepatitis C (acute infection)
Hepatitis C (perinatal) - Initial diagnosis, and previously unreported cases
Hepatitis D (acute and chronic infection)
Hepatitis E (acute infection)
Legionellosis
Leptospirosis
Listeriosis
Mumps, acute disease only
Pertussis

Psittacosis
Q fever
Salmonellosis
Shigellosis
Tuberculosis disease (confirmed or highly suspicious, i.e., initiation of empiric treatment)
Vancomycin-resistant *Staphylococcus aureus* (not to include vancomycin-intermediate)
Vibriosis (*Vibrio* species not including *Vibrio cholerae* O1 or O139)
Yersiniosis
Unexplained critical illness or death

LEGEND
Laboratory Confirmation Required Before Submitting Case Report
Notifiable to Department of Health

NOTIFIABLE WITHIN 3 BUSINESS DAYS
Requires a phone call to reach a live person at the local health jurisdiction, 24/7. *Must be reported as soon as clinically suspected.*


Acquired immunodeficiency syndrome (AIDS)
Anaplasmosis
Adenoviral disease (acute disease only) including, but not limited to:
Chikungunya
Dengue
Eastern and western equine encephalitis
Japanese encephalitis
La Crosse encephalitis
Powassan virus infection
St. Louis encephalitis
West Nile virus infection
Zika virus infection
See also "Yellow fever"
Babesiosis
Campylobacteriosis
Carbapenem-resistant Enterobacteriaceae infections limited to:
Aerobacter species
E. coli
Enterobacter species
Chagas disease
Chancroid
Chlamydia trachomatis infection
Coccidioidomycosis
Cryptococcus gattii or undifferentiated Cryptococcus species (i.e., Cryptococcus not identified as C. neoformans)
Cryptosporidiosis
Cyclosporiasis
Cysticercosis
Echinococcosis
Ehrlichiosis
Gardiasis
Gonorrhea
Granuloma inguinale
Hepatitis B, report pregnancy in hepatitis B virus infected patients (including carriers)*
Hepatitis B (chronic infection) - Initial diagnosis, and previously unreported prevalent cases*
Hepatitis B (perinatal) - Initial diagnosis, and previously unreported cases*
Hepatitis C (chronic infection)
Hepatitis C (chronic infection)
Herpes simplex, neonatal and genital (initial infection only) (Providers)
Histioplasmosis
Human immunodeficiency virus (HIV) infection
Human prion disease
Influenza-associated death (laboratory confirmed)

NOTIFIABLE WITHIN 30 DAYS
Requires a phone call to reach a live person at the local health jurisdiction, 24/7. *Must be reported as soon as clinically suspected.*

Birth defects (Alcohol related, Autism spectrum disorders and Cerebral palsy)
Cancer (See chapter 246-102 WAC) wac.wa.gov
Facilities only
Birth defects - Abdominal wall defects (inclusive of gastroschisis and omphalocele)
Birth defects (Down syndrome, Hypoplasia and Limb reductions)
Birth defects - Neural tube defects (inclusive of anencephaly and spina bifida)
Birth defects - Oral clefts (inclusive of cleft lip with/without cleft palate)
Gunshot wounds (nonfatal)
For birth defects listed above, call 360-236-3533
Notifiable to L&I - 360-902-5669
Asthma, occupational
Hypersensitivity pneumonitis, occupational
Silicosis
L&I, Washington State Department of Labor and Industries

RAPID SCREENING TESTS
Providers and facilities performing blood lead level RST should report as a laboratory and comply with the requirements of WAC 246-101-201 through 246-101-230.
Blood lead level**
RST results (See WAC 246-101-200)
Coronavirus infection (severe communicable)
RST results (See WAC 246-101-200)
Hepatitis C (acute infection)
RST results (See WAC 246-101-200)
Hepatitis C (chronic infection)
RST results (See WAC 246-101-200)
Human immunodeficiency virus (HIV) infection
RST results (See WAC 246-101-200)

The conditions listed above are notifiable to public health authorities in Washington as accordance with WAC 246-101. The following information is required when reporting a condition that is notifiable to the local health jurisdiction (LHJ) of the patient's residence. Patients: Sex and age, date of birth, date of onset, date of diagnosis, date of death, date of last contact, date of last follow-up, date of last contact, date of last follow-up, date of last contact, date of last follow-up. *This report is for use by health care providers only. **This report is for use by health care providers only. Note: This report does not include information about provisional reporting notifications. For more information please visit: www.wa.gov/health/brochure/providers/notifiable-conditions

 **HEALTH**
To request this document in another format, call 1-800-325-0257. Date of last revision: 05/01/2021. May 2021
customers, please call 711 (Washington Relay) or email: info@kitsappublichealth.org

Data Collection

- Records
- Additional labs
- Interview
- Clinician consult
- Case determination



Contact Tracing

- Identify close contacts of case while infectious
- Assess risk to determine intervention



Risk Assessment

- Mode of transmission
- Exposure environment
- Risk to public

Implement Control Measures



Coordinate Treatment



Educate and Communicate

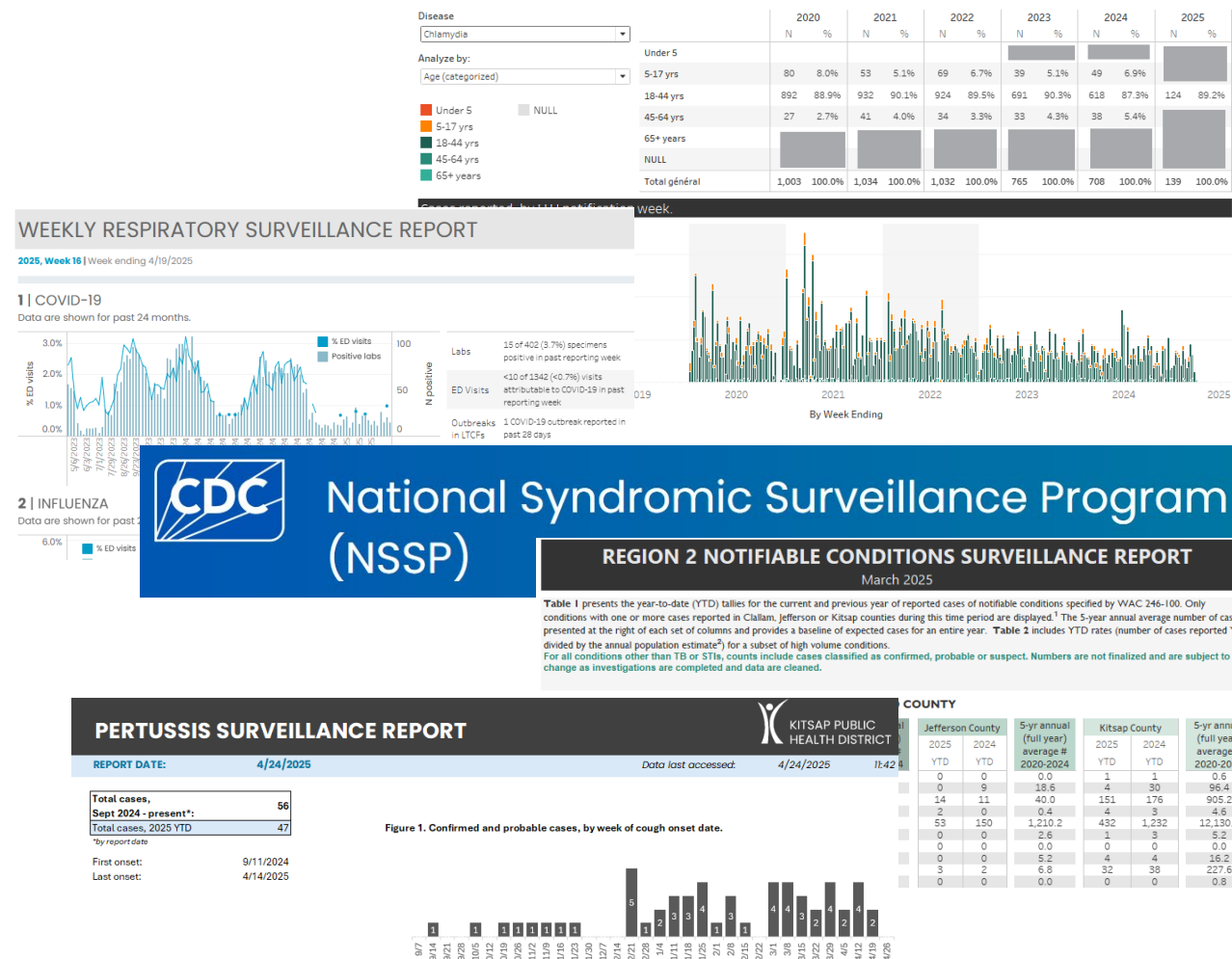
- Implemented based on risk assessment
- Goal is reducing transmission
- Isolation, quarantine, environmental controls, post exposure prophylaxis

- Work with local healthcare partners to recommend treatment and connect affected with care
- In certain instances, public health coordinates and administers treatment

- Education and monitoring for case and close contacts
- Support for impacted facilities; ICAR for healthcare
- Provider and public advisories
- Public communication and education campaigns

Communicable Disease Teams employ a broad range of surveillance tools to detect and respond to public health issues.

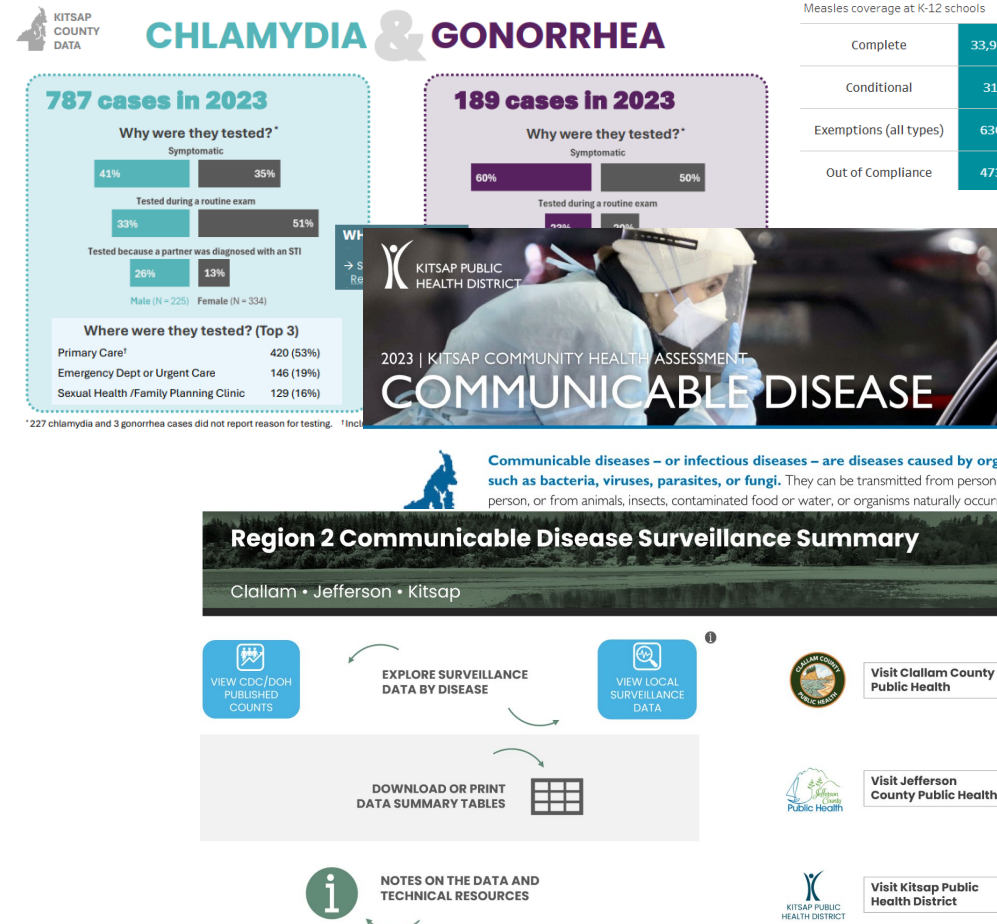
- **Routine review of reportable condition reports** to identify trends, clusters/outbreaks, gaps and emerging issues.
- **Regional, state and national workgroups** to coordinate information and response to emerging health issues
- **Molecular surveillance** (CDC PulseNet, SPHERES) to link cases in outbreaks and identify
- Real-time emergency department visit data ("**syndromic surveillance**") to detect clusters or alerts, or to monitor trends in targeted health areas.



Analyze

Translating data and information into evidence-based practice

- **Provide interpretation** of the data and literature.
- **Synthesize cross-cutting information sources** around a public health priority topic.
- **Identify gaps and opportunities** for public health action.
- **Ensuring understanding of biases and limitations** in available data.
- **Communicate important local, regional and national disease activity** to decision makers and community members.



The Six Principles of CERC

Throughout these chapters, six principles of effective emergency and risk communications are emphasized:

- 1 Be First:** Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.
- 2 Be Right:** Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.
- 3 Be Credible:** Honesty and truthfulness should not be compromised during crises.
- 4 Express Empathy:** Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.
- 5 Promote Action:** Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.³
- 6 Show Respect:** Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

THANK YOU!



Public Health in Action

Addressing Communicable Disease Threats



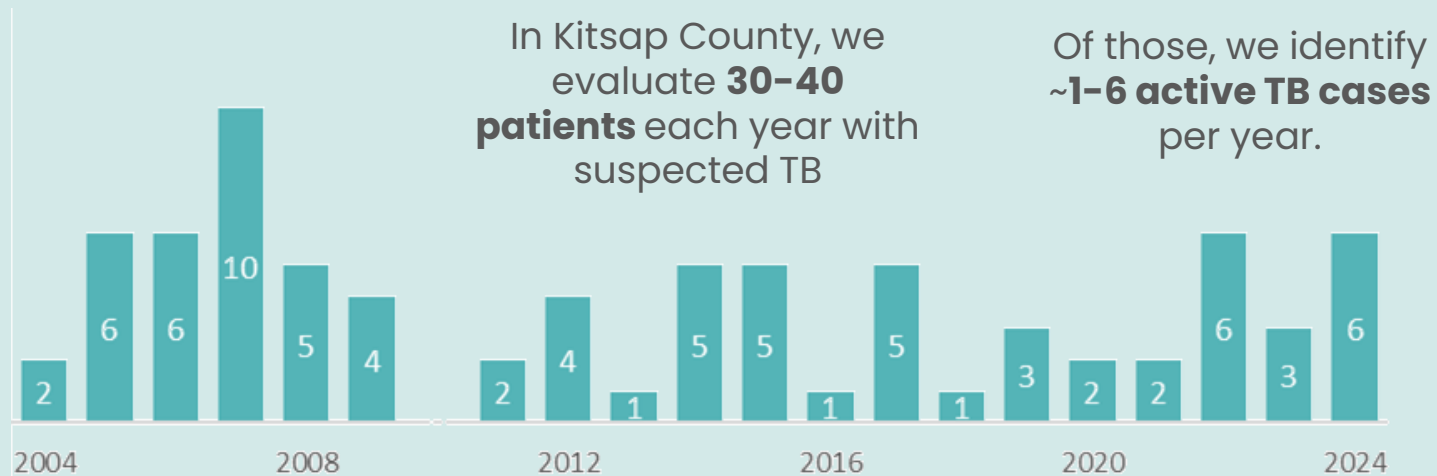
Liz Davis, RN-BSN

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Epidemiologist
Communicable Disease

TUBERCULOSIS



In 2024, KPHD TB nurses directly observed **>1,000 medication doses** taken by Kitsap residents with active TB



CDC estimates there are **~2,500 people** living in Kitsap County with inactive TB (2023)



In June 2024, KPHD led an educational webinar that reached providers and responders from six local health care networks and agencies.

In 2024:

6 Active TB cases

This represents a fraction of our clients:

32 Suspected TB cases evaluated

1 Additional active TB case relocated to Kitsap during treatment

32 Close contacts of confirmed cases evaluated

59 Clients referred through immigration and refugee mechanisms evaluated

124 **Total clients evaluated and/or managed by our TB Team**

Measles in the News



Home Diseases & Conditions Prevention Surveillance Data News Email Notifications Search Contact Us



King County

<https://kingcounty.gov> > ... > about-public-health > news

Fifth case of measles in Washington state identified in a King ...

This is the fifth case of measles in Washington state in 2025, three of which have been infants. In addition, Public Health – Seattle & King County responded to two other measles cases this year ... on MSN

Health advisory: First measles case of 2025 in Washington state identified in a King County infant

Measles Updates: 800 Cases In U.S. As Majority Of Outbreak Remains In Texas

There have been 800 confirmed cases of measles across 25 states so far this year, ... update from the CDC ...



FOX13 News

<https://www.fox13seattle.com> > news > measles-case...

3rd measles case confirmed in Snohomish County, WA | FOX 13

Apr 2, 2025 · Times and locations of possible measles exposure. Timeline: The ... exposed others to measles at the following public places during the specified time ...

POPULAR SCIENCE · 2h

New study: US could see millions of measles cases if vaccination rates keep dropping

Measles could be well positioned for a comeback in the United States in a very short period of time. If immunization rates ...



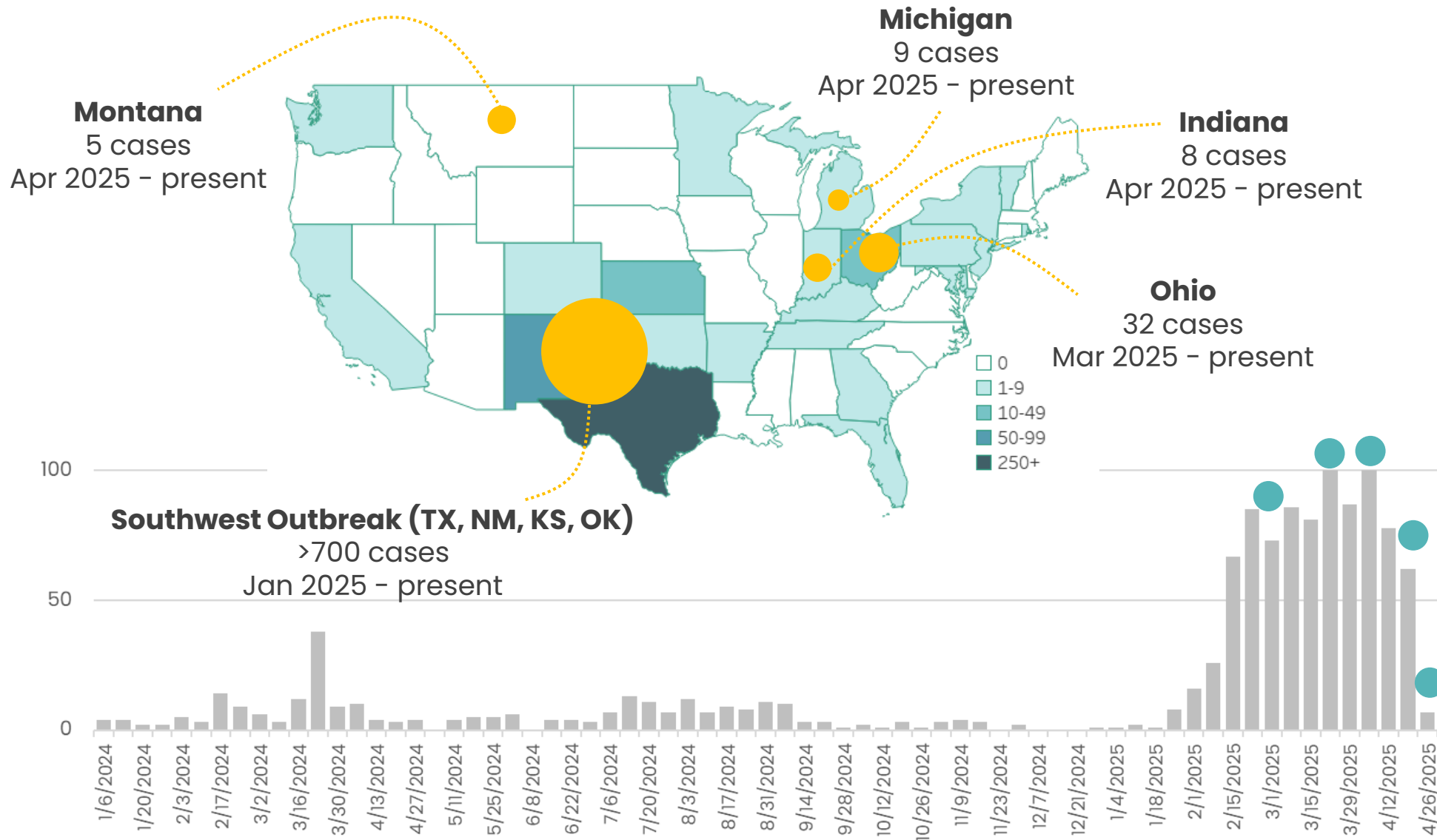
The New York Times · 1d

Measles Surge in Southwest Is Now the Largest Single Outbreak Since 2000

Growing case numbers suggest that the national total will surpass that seen during the last large outbreak in 2019.



MEASLES CASES AND OUTBREAKS IN THE U.S., 2025



IN 2025

884 cases in 29 states

94 hospitalizations

3 deaths

** Data through 4/25/2025*

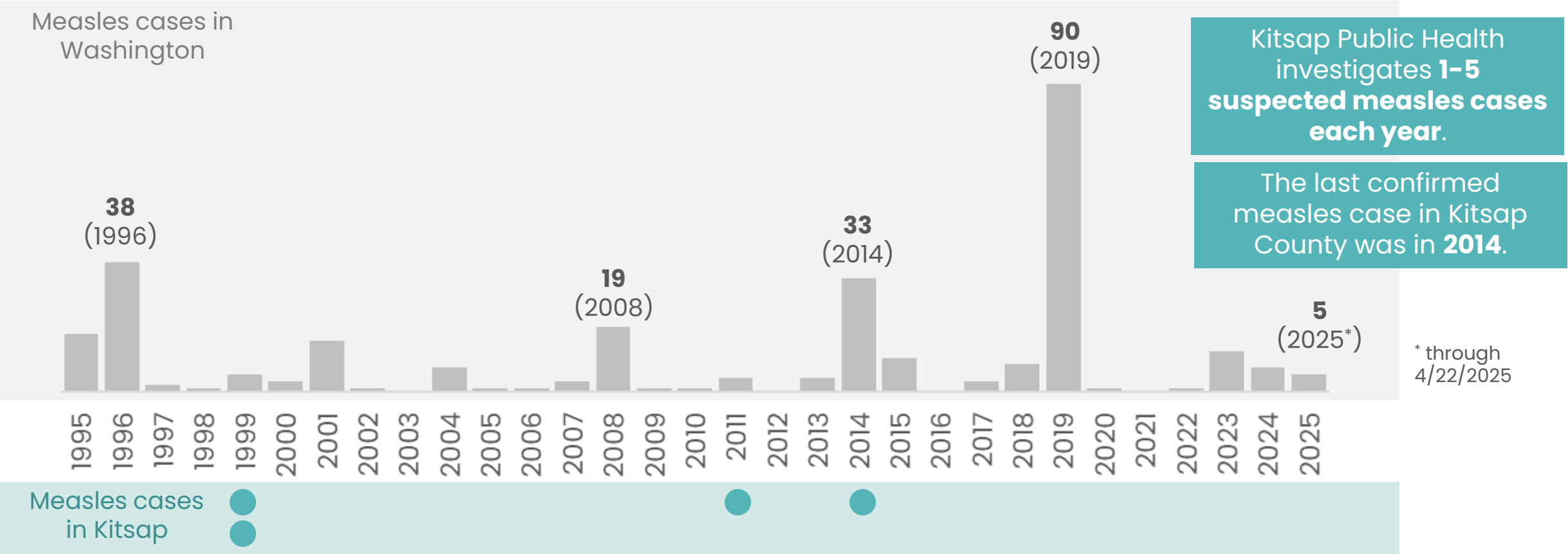
● 2025 measles cases in Washington

| | |
|-----------|-----------|
| 2/27/2025 | King |
| 3/18/2025 | King |
| 4/2/2025 | Snohomish |
| 4/17/2025 | King |
| 4/23/2025 | King |

U.S. measles cases, by onset date, Jan 2024 – Apr 2025.

Source: <https://www.cdc.gov/measles/data-research/index.html>, accessed 4/25/2025.

Measles in WA and Kitsap County

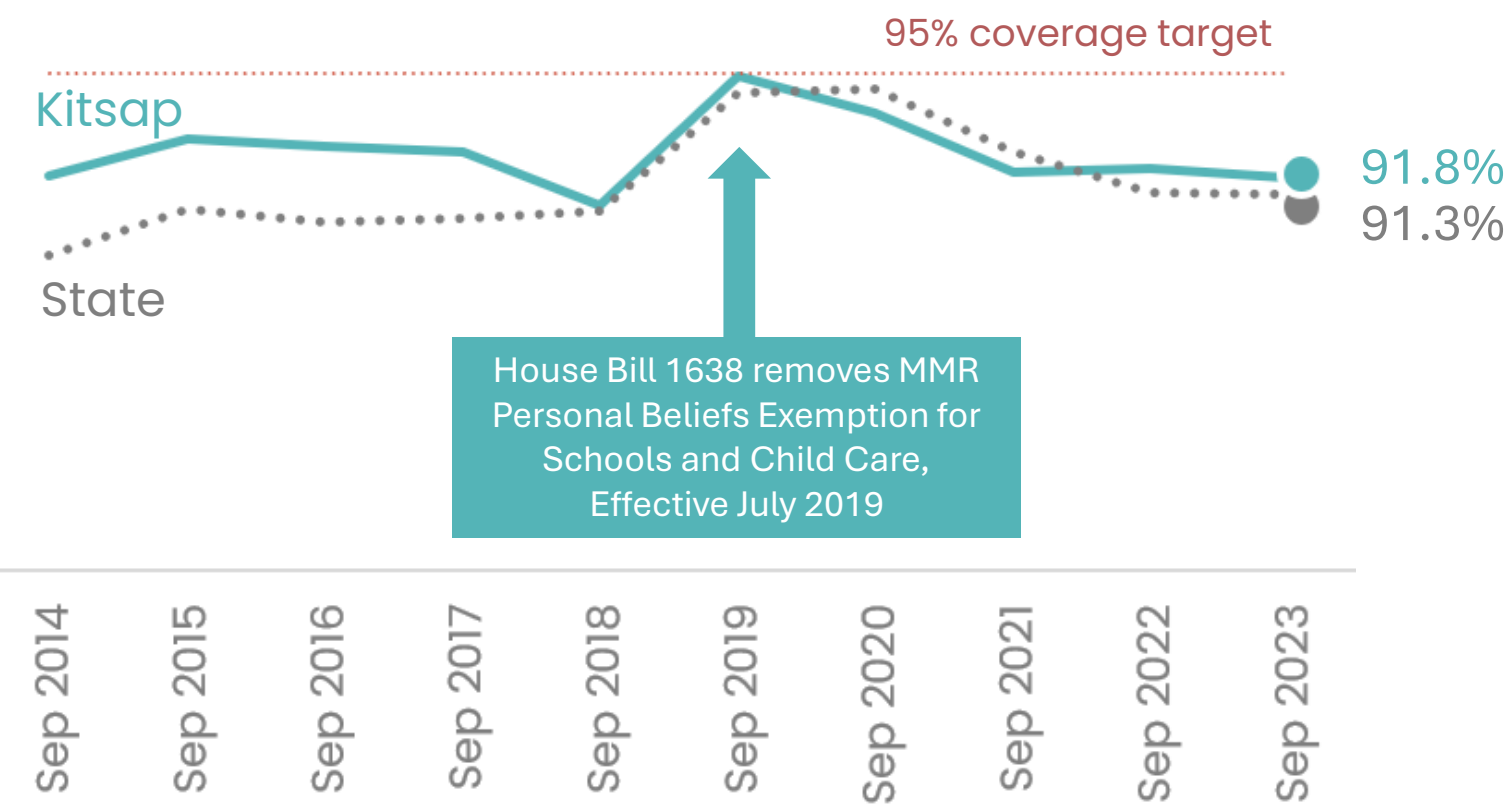


In Kitsap County, there have been 4 measles cases in the past 20 years.

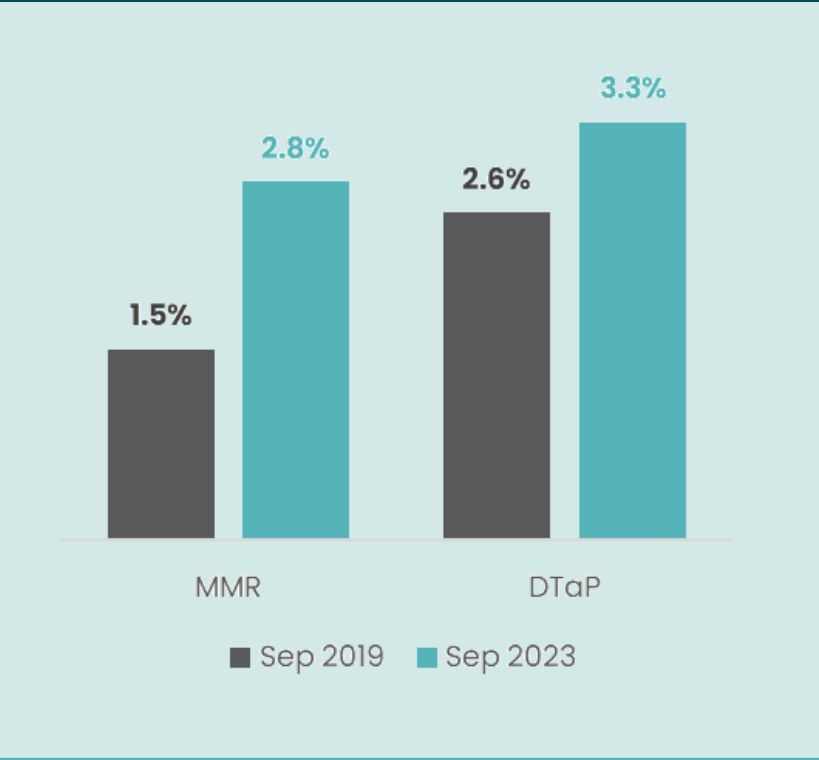
Sources: Public Health surveillance data, accessed 4/23/2025,
[DOH 2023 Annual Communicable Disease Report](#), accessed 2/25/2025;
[CDC Measles Cases and Outbreaks](#), accessed 4/21/2025.

MMR coverage, 2014 – 2023

Percent of kindergartners entering Kitsap schools with 2 documented doses of MMR.



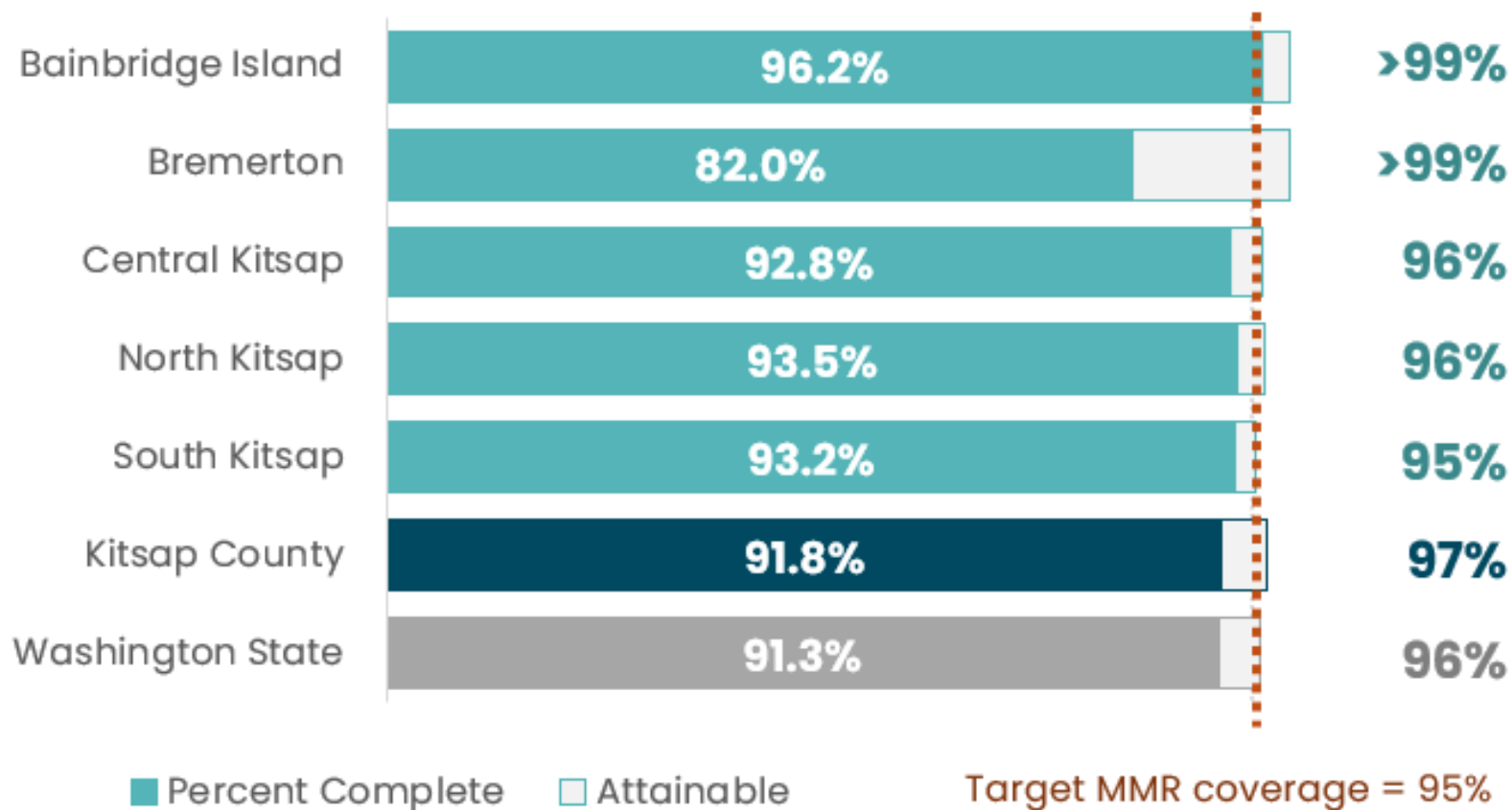
% of Kitsap kindergartners with non-medical vaccine exemptions has increased since 2019



Source: [DOH School Immunizations Dashboard](#), accessed 4/7/2025.

Target MMR coverage is achievable!

Percent of kindergartners entering Kitsap schools with 2 documented doses of MMR, Sep 2023.



If all kindergartners without an exemption were brought up to date, **MMR vaccine coverage would exceed 95% in all Kitsap regions.**

To improve rates we have:

- Coordinated clinics with early childhood learning centers, schools and community partners.
- Hosted childhood vaccine clinics.
- Distributed provider advisories reminding to check records.
- Put out public messaging on the importance of MMR vaccine.

Source: [DOH School Immunizations Dashboard](#), data include both public and private schools, accessed 4/7/2025

Pertussis Response, Jan – Mar 2025

1/9: Pertussis case reported to KPHD. Investigator learns case attends local high school, and that other students have had similar cough illnesses.

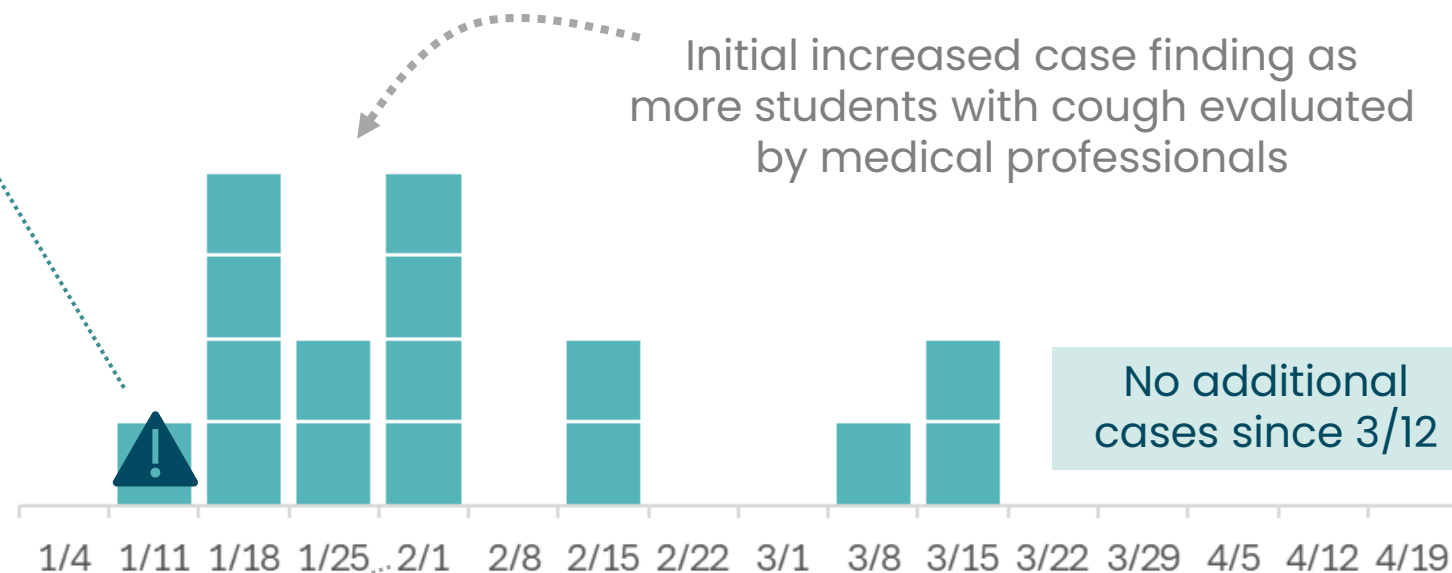


1/10: KPHD works with school to distribute letter to HS parents/guardians/staff with key public health recommendations.



1/27: KPHD develops plan with HS athletics director to screen student athletes prior to practices, exclude athletes with cough, and recommend ill athletes see provider.

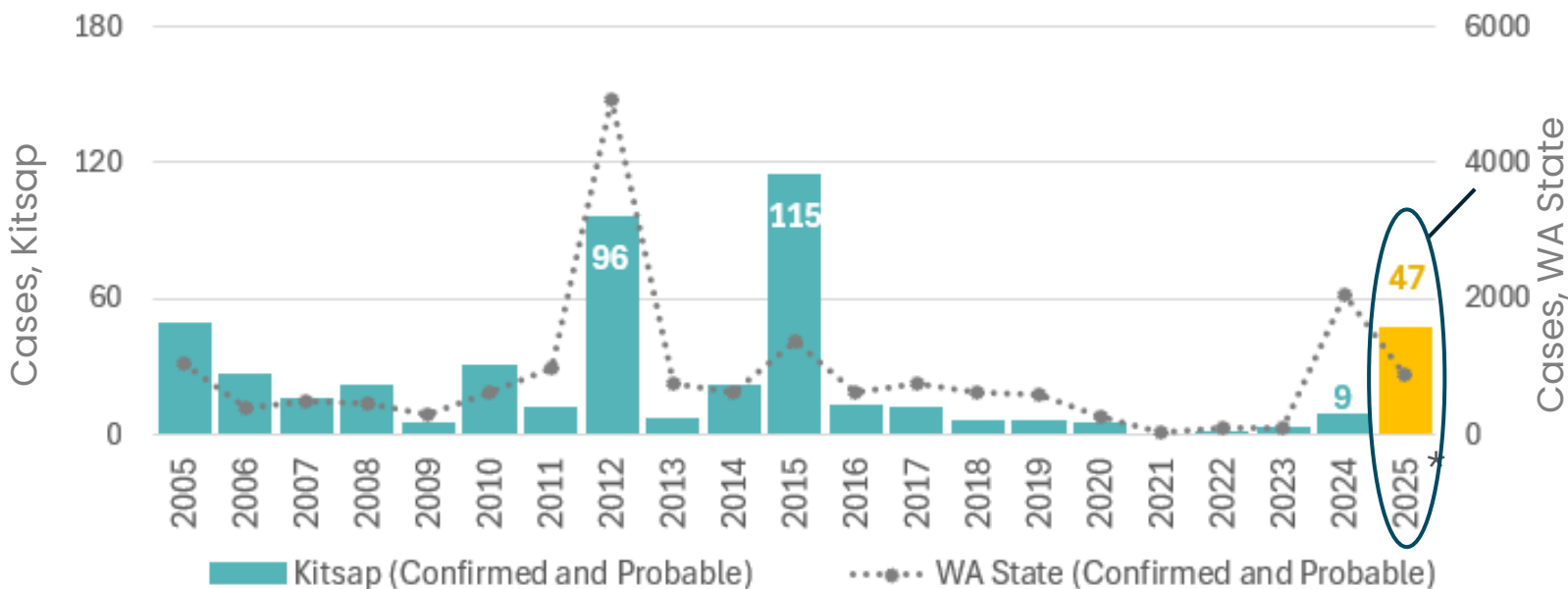
When cases were reported (by week ending date)



1/10 – 3/20: KPHD coordinates passive monitoring and support to HS. Monitoring ends 2 incubation periods after last cough onset.

Pertussis

Pertussis in Kitsap County, 2005 - 2024



**KITSAP PERTUSSIS
CASES REPORTED
2015-2024 (N=171)**

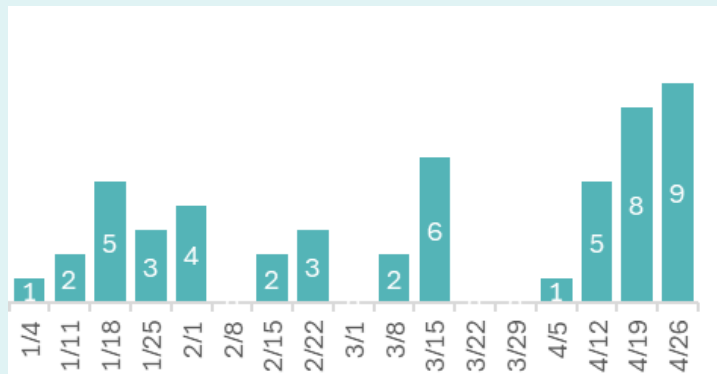
10 YEAR DATA

80% among
people < 18
years old



The last major outbreak in Kitsap County was 122 during the 2014-15 school year, where there were 122 cases, primarily in high school students.

2025 YTD



BY WEEK ENDING DATE

- 31 cases (66%) linked to 3 outbreaks at Kitsap schools
- >33% of cases in 2025 among people who had never received a DTaP or Tdap.
- 19 notifications to schools and facilities to date.

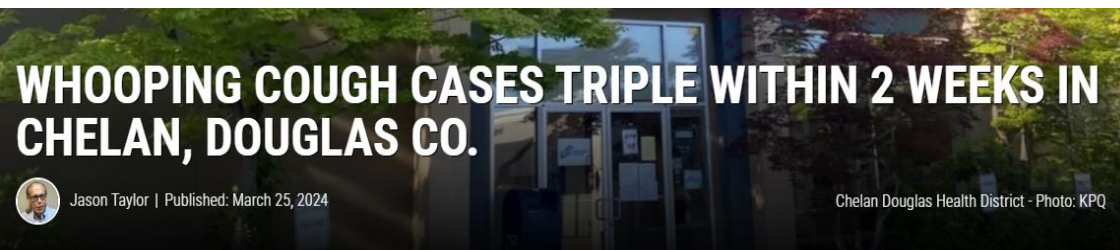
* 2025 data through 4/12/2025 (WA) and 4/24/2025 (Kitsap)

Source: DOH Public Health surveillance data, accessed 4/24/2025.

kitsappublichealth.org

Pertussis Elsewhere in the U.S.

Also in 2024/2025...



The Chelan-Douglas Health District (CDHD) is reporting cases of pertussis, commonly known as whooping cough, have more than tripled in a short time.

The district is reporting 58 cases as of March 22, a sharp increase from 17 cases two weeks earlier.

The health district confirmed its first case of this outbreak on February 14 at a local school.



<https://kpq.com/whooping-cough-outbreak-update/>,
accessed 4/9/2025

KIRO 7 News Seattle

Washington sees massive spike in whooping cough cases, 25% of cases from The Puget Sound

This is just the tip of the iceberg. We're starting to see the impact of waning immunization uptake in pertussis."

Nov 8, 2024

Boise schools warn of 'widespread' whooping cough. Idaho cases make massive jump

By Angela Palermo

Updated January 7, 2025 1:14 PM

Idaho Statesman

THE OKLAHOMAN 

Oklahoma school closes due to whooping cough: What is pertussis? Is there an outbreak?

Dale Denwalt, The Oklahoman

Mon, December 23, 2024 at 9:24 AM PST · 3 min read



Early identification and rapid response can prevent large community-wide outbreaks!

kitsappublichealth.org

Promoting and Supporting Immunizations

Access and Administration

- ➡ Coordinate clinics with community partners
- Support Vaccine for Children providers
- ➡ Addressing access issues
- Limited vaccine administration



Immunization campaigns

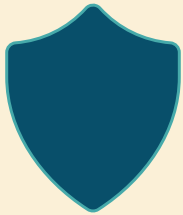
Working with Schools

- ➡ Regular connection with health services teams
- ➡ Immunization messaging for students and families
- ➡ Back to School clinic coordination
- ➡ WAIS school module onboarding

Public Health Fulfills a Critical Role

Our team conducts a wide range of work to ensure “whole-community” health.

PREVENTION



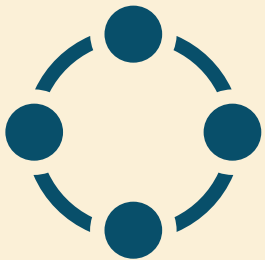
- Protecting health of individuals and community.
- Preparing for and responding rapidly to prevent outbreaks.

EQUITY



Ensuring everyone has access to the care they need protect themselves and the community.

COORDINATION



- Coordinating response across multiple agencies, organizations, and communities.
- Filling gaps not covered by health care system.
- Helping people and organizations navigate complex health situations.

THANK YOU!

